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Medical Examinations By Last Name

Civil War

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10-1-1861

Baker, William B.

Adjutant General

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FORM FOR EXAMINING A RECRUIT.

NAME *William B. Baker*, age *22 yrs*, occupation *Farmer*, born in *Orrington*.

1. Have you any disease of Brain, or imperfection in eye-sight, or hearing? *None.*
2. Have you any disease of throat, or difficulty of utterance? *None.*
3. Have you any disease of Lungs or Heart? *No.*
4. Have you any disease of Stomach, Liver, Bowels, or Urinary Organs? *No.*
5. Have you any Bone, Joint, or Muscle incapacitated by any cause, from performing its natural office? *No.*
6. Have you been vaccinated within seven years?

REMARKS.

*Baker passed a thorough and satisfactory examination*

DATE: *Oct. 1st 1861*

RENDEZVOUS: *Orland Me.*

*Geo. A. Wheeler M.D.* Examining Surgeon.